



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



CONFIRMATION NO. 2487

Bib Data Sheet

SERIAL NUMBER 10/647,991	FILING DATE 08/26/2003 RULE	CLASS 128	GROUP ART UNIT 3743	AT1 DOC 74:
-----------------------------	-----------------------------------	--------------	------------------------	----------------

## APPLICANTS

John Moenning, Noblesville, IN;

Dennis Irlbeck, Noblesville, IN;

\*\* CONTINUING DATA *yes SA*

This appln claims benefit of 60/405,960 08/26/2002

\*\* FOREIGN APPLICATIONS *None SA*IF REQUIRED, FOREIGN FILING LICENSE \*\* SMALL ENTITY \*\*  
GRANTED

\*\* 11/18/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IN	SHEETS DRAWING 18	TOTAL CLAIMS 33	INDE
Verified and Acknowledged Examiner's Signature <i>Shumala Ali</i>	Initials <i>SA</i>				

## ADDRESS

INDIANO VAUGHAN ROBERTS & FIOMENA, P.A.  
Suite 850

One North Pennsylvania Street  
Indianapolis , IN  
46204

## TITLE

Dental anesthesia administration mask and eye shield

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing <input type="checkbox"/> 1.17 Fees ( Proc Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issu <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
RECEIVED 641	ACCOUNT No. _____ for following:	